

Case Number:	CM15-0082656		
Date Assigned:	05/05/2015	Date of Injury:	11/12/2002
Decision Date:	06/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old female who sustained an industrial injury on 11/12/2002. The injured worker was diagnosed with bilateral thoracic outlet syndrome, vascular headaches, left ulnar nerve peripheral neuropathy, bilateral ulnar nerve neuropathy on Guyon canals, left middle finger tenosynovitis, right ulnar carpal tunnel syndrome, and rheumatoid arthritis and Sjogren syndrome. The injured worker is status post right carpal tunnel release (2003), left De Quervain's release (2005), left carpal tunnel release (2005), bilateral arthroscopy with scapholunate and triangular fibrocartilage reconstruction (2005) with repeat intervention of the left wrist in 2008. Documented treatment to date includes diagnostic testing, surgical procedures, multiple consultations, left thumb spica brace and medications. According to the primary treating physician's progress report on February 27, 2015, the injured worker continues to experience mid back and bilateral hand pain. Physical examination noted the injured worker to be obese with evidence of bilateral thoracic outlet syndrome. No further discussion of symptomatology was documented. Examination of the bilateral wrists demonstrated healed scars and limited range of motion with flexion, extension, radial and ulnar deviation. Current medication is listed as Norco. The injured worker remains temporary total disability (TTD). Treatment plan consists of continuing to see physicians for rheumatoid arthritis and thoracic outlet syndrome and the current request for Norco and a consultation with a hand specialist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

60 Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Patient has also been prescribed Tramadol, and has taken it for at least as far back as 12 months. 60 Norco 5/325mg is not medically necessary.

1 Consultation with hand specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 132.

Decision rationale: According to the ACOEM Practice Guidelines, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. 1 Consultation with hand specialist is not medically necessary.